

2010 CENTERVILLE INCOME TAX RETURN

OR FISCAL YEAR _____ TO _____

DUE ON OR BEFORE APRIL 18, 2011 OR BY THE 15th DAY

OF THE 4th MONTH AFTER THE END OF FISCAL YEAR

FILING REQUIRED EVEN IF NO TAX DUE

CHECK ONE OR MORE:

- ☐ Employee ☐ Proprietor
☐ Partner ☐ Partnership
☐ Corporation ☐ SUB S
☐ Resident ☐ Non Resident
☐ Part Year Resident



**CENTERVILLE DIVISION
OF TAXATION**
100 W. SPRING VALLEY RD.
CENTERVILLE, OH 45458
PHONE: (937) 433-7151
FAX (937) 433-0310

PLEASE VISIT WWW.CI.CENTERVILLE.OH.US FOR THE ON-LINE TAX PREPARATION TOOL

TAXPAYER NAME AND ADDRESS _____	TAXPAYER SS# or FED ID# _____	SPOUSE SOC. SEC. NO. _____ Account # _____ Account # _____ PIN _____ Occupation or Nature of Business _____ Spouse's Occupation _____ City of Income _____ Phone Number _____ Email Address _____
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If the information above is incorrect, please make corrections.

Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: _____	Did you move during the year? <input type="checkbox"/> Into or <input type="checkbox"/> Out of Centerville Date Moved: _____	Old Address: _____
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INCOME AND TAX COMPUTATION

INDIVIDUALS

1. Total Qualifying Wages (typically Box 5 from W2 – attach all W2's) 1. _____
2. Less Form 2106 expenses (attach Form 2106 and Federal Schedule A) 2. _____
3. Net taxable wages (Line 1 – Line 2) 3. _____
4. Other Income from page 2, Section A, Line 6 4. _____

BUSINESSES

5. Business income or loss (attach Federal tax return – Schedule C, Form 1065, 1120, 1120S) 5. _____
6. Total income subject to tax (Line 3 through Line 5) 6. _____
7. Tax due – Line 6 x 1.75% 7. _____
8. CREDITS:
 - a. Centerville tax withheld (per Box 19 on W2) 8a. _____
 - b. Other city tax withheld (lower of 1.75% per W2 wage or Box 19) 8b. _____
(limited to 1.75% of that portion of the income on each W2 form taxed by another municipality)
 - c. Credit from prior year 8c. _____
 - d. Estimated tax payments 8d. _____
 - e. Other credits or adjustments 8e. _____
9. Total credits (Line 8a through Line 8e) 9. _____
10. Penalties and interest
 - a. Underpayment penalty (if 90% of tax not paid or withheld by January 31st) 10a. _____
 - b. For delinquent returns: Late payment penalty _____ Interest _____ Late filing penalty _____ 10b. _____
11. Total amount due (Checks payable to City of Centerville. No tax due or refunded if under \$5.00) 11. _____
- 12a. Overpayment: Credit to 2011 _____ 12b. Refund _____ 12. _____

DECLARATION OF ESTIMATED TAX FOR 2011

13. Income subject to tax \$ _____ x 1.75% 13. \$ _____
14. Less tax withheld by employer @ 1.75% 14. \$ _____
15. Less Payments to another municipality @ 1.75% 15. \$ _____
16. Net Tax Due 16. _____
17. Less Overpayment from prior year (Line 12a above) 17. \$ _____
18. Amount Paid With This Declaration (1/4 of line 16 less line 17) 18. _____
19. Balance of Estimated Tax 19. \$ _____
20. TOTAL PAID WITH THIS RETURN (Line 11 plus Line 18) 20. \$ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal income tax purposes, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within three months.

Signature of Person Preparing Return (If Other Than Taxpayer) Date _____

Signature of Taxpayer Date _____

Preparer Phone Number _____

Signature of Spouse Date _____

Preparer Email Address _____

☐ Check here if we may contact the above preparer with questions.

ATTACH W2'S HERE

SECTION A INCOME OTHER THAN WAGES

1. Schedule C – income (loss) from self employment \$ _____
2. Schedule E – income (loss) from rental property and royalties..... \$ _____
3. Schedule K1 – income (loss) from partnerships (S corps are taxed at the entity level in Centerville)..... \$ _____
4. Total from Lines 1, 2 and 3. If less than zero, enter zero \$ _____
5. Other income not included above – e.g. commissions, tips, director's fees, gambling winnings, ordinary income from Form 4797, miscellaneous (attach documentation)..... \$ _____
6. Total income other than wages (Line 4 + Line 5). Carry to Line 4 on front page \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718

(SCHEDULE X PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS OTHER THAN SOLE PROPRIETORSHIPS)

1. ADJUSTED FEDERAL TAXABLE INCOME/<LOSS> PER FEDERAL RETURN ATTACHED (SEE INSTRUCTIONS) \$ _____
2. A. ITEMS NOT DEDUCTIBLE (From Line M Below)Add _____
B. ITEMS NOT TAXABLE (FROM LINE Z Below)Deduct _____
C. Line 2 A minus Line 2B..... \$ _____
3. ADJUSTED NET INCOME/<LOSS> (Line 1, Plus or Minus Line 2C) Enter on Line 5 on Page 1 or below in Schedule Y..... \$ _____

ITEMS NOT DEDUCTIBLE**ADD****ITEMS NOT TAXABLE****DEDUCT**

- | | |
|--|---|
| a. Federally deducted losses from IRC 1221 or 1231 property dispositions \$ _____ | n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) \$ _____ |
| b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions \$ _____ | o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income \$ _____ |
| c. Taxes based on income (State) \$ _____ | p. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses \$ _____ |
| d. Taxes based on income (City) \$ _____ | q. Not previously deducted IRC Section 179 Expense ... \$ _____ |
| e. Guaranteed payments or accruals to or for current or former partners or members \$ _____ | r. Other (Explain) \$ _____ |
| f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors \$ _____ | |
| g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities \$ _____ | |
| h. Charitable contributions (above federal allowance) \$ _____ | |
| i. Other (Explain) \$ _____ | |
| m. Total Additions \$ _____ | z. Total Deductions \$ _____ |

SCHEDULE Y Business Apportionment Formula

	A. LOCATED EVERYWHERE	B. LOCATED IN CENTERVILLE	C. PERCENTAGE (B ÷ A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE	DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED _____ %		

ADJUSTED NET INCOME _____ x Average Percentage _____ = **TAXABLE INCOME** _____
(Schedule X Line 3) Carry Taxable Income to front page Line 5

Are any employees leased in the year covered by this return? ☐ YES ☐ NO

If YES, please provide the name, address and FID number of the leasing company _____

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.